

# Frozen stiff

RUTH HOLLAND

In time back way way back, as they say in *Riddley Walker* (a work of imaginative genius, mention of which can only raise the tone around here) life was a lot simpler. One was born, grew up, fed, slept, reproduced and died—no messing. We've worked on that, though, yessir. Nowadays you might not even have entered the womb by the traditional route, and leaving it isn't a private matter between you and your mother but a nine months' run of a large-cast, all-star, amazing technicolor medical extravaganza, complete with special effects; eating and drinking, if you believe even half of what you read, are too fraught with complications to be indulged in without professional guidance. Likewise for sex. Sleep? Well either you can't, so you need pills, or you do and you dream—and we all know about dreams, don't we? Now, God help us, the twentieth century has decided to Do Something about death.

Discarding as so much obsolete stock any thought of the resurrection of the body and life everlasting, samsara, the transmigration of souls, Elysium, Valhalla, Tir-nan-Ogh, or simply somewhere over the rainbow, our technological age has come up with the practical solution that what's good enough for halibut fillets and spermatozoa is good enough for the human body—in other words, bung it in the freezer.

When you come to kick the bucket you can now—if you wish and can afford it—make sure it's full of ice and get yourself and your nearest and dearest preserved until the onward march of science has found a way to get you going again. The undiscovered country from whose bourn no traveller returns is at the end of an Anyday ticket.

## Between the acts

Or so some people believe, and if you're wondering what kind of people you can get an idea by reading *Cryonics: a Sociology of Death and Bereavement* by Arlene Sheskin, which describes the activities of an American society called Eastern Cryonics as revealed by those who belonged to it. They are, in their own estimation and in the author's, "normal people"; "definitely not 'kooks'"—they simply "didn't accept the idea that man had to die." So, inspired by the writings of Robert Ettinger, who apparently was the first to think of applying the principles of cryobiology to preserving whole human bodies, they formed this society for putting his ideas into practice, and froze several members (no pun intended). But then (again, no pun intended) the rot set in. Their success turned out to be rather an anticlimax and the cause of trouble. You've got to put your frozen bodies somewhere, after all, and keep them frozen. Suddenly you're in the harsh world of rent, rates, the press and the law, against which many a fine theory has come a cropper. Anger, disappointment and arguments followed—as well they might when the interval between Act 1 (the freezing) and Act 2 (revitalisation) turns out to be indefinite.

Stuck with a subject really fit only for Swift, or Joe Orton, Professor Sheskin wisely keeps to a severely academic form, telling us at the start of each chapter what we're going to do and at the end that we've done it. I've tried, believe me I have tried, to follow her down this straight and narrow path, but I keep being led astray by unworthy thoughts—mainly about the people whose stories she has listened to so conscientiously.

Embedded in all the self-explanations, like the mould in a ripe Stilton, is one idea—the belief that science can and will solve everything: "My son had a great vision of what science would do in the future and he wanted to be part of it. . . ." "It's not a

question of whether science can do it. With time, it can do anything. . . ." "Technology can only get better . . . I truly believe technology will be able to do this."

## Some have it, some don't

Leaving aside the fact that it seems odd expecting science to give us immortality in some distant future when it's ready here and now to light the whole world the way to dusty death, it is difficult to avoid the feeling that those who go in for cryonics are not quite playing the game. "The world will be left for the people who are immortal," says one of them. "These are the people who will inherit the earth . . . the people who come back will have the right—we will inherit the earth in the sense of overcoming time." (Enter Calvinism in a new frock, with the elect this time being those rich enough to buy themselves a place in cold storage until the millenium.) What's more, they don't only want to live again, they want jam on it: "The second goal of cryonics is the restoration of the individual to a condition which preceded the time and cause of his death—ideally youth and vigor. Cryonicists do not want to . . . come back old or in poor health; rejuvenation is of equal importance." You bet.

There's also a bit of "I'm all right Jack" in comments like "I feel that I'm fortunate enough to know about it and grab it. If somebody else isn't there isn't anything you can do about it." None of these forward-looking people seems to have been troubled by the thought that the world might get crammed to bursting with perfectly preserved corpses; or that the energy and money used keeping the dead cold could keep the living warm; or that those who loved them might find it a little hard not only to mourn the deceased but to have the memory linger on wrapped in foil and strapped to a slab. No, just "I'm fortunate enough to know about it and grab it." This kind of thing could give death a good name. (I would say it was not British, but many things that weren't British once have come to be so, from queue jumping and spitting in the street to killing defenceless old ladies. All the same, I can't see cryonics catching on here. For one thing, it would only need the lads to be insulted by their latest wage offer and before we knew it there'd be power cuts and all the stiffies would start thawing out.)

It's not a barrel of laughs to read—though you may raise a smile or two at the way in which, in the language of cryonics, a dead body is not a dead body but a "suspended person" and isn't kept in a box in a cemetery but in a "forever flask" in a "facility"—nor is it outstandingly interesting. But it does have a nice surprise at the end.

## Dea ex machina

It's like the kind of scene they were always having in old Hollywood films, where the hero tells the plain girl to take off her glasses (in modern films he doesn't even need to ask her to take off her clothes). She obeys. He gazes into her, presumably myopic, eyes and says, "Why, but you're beautiful!" In the appendices to this book Professor Sheskin suddenly takes off her sociologist's specs and shows her face. She describes why she started investigating this subject and what it was like to do it; how she was sometimes nervous or embarrassed, sometimes amused—particularly when the interviewees started giving her good advice on how to get a man—and how she had qualms about

"using" people who had taken her into their confidence and whom she had grown to like. She comes across as honest and sensitive and shrewd; she also, it appears from her acknowledgements, has a lot of friends and likes mint juleps. So what is a nice girl like this doing trudging through the barren wastes of research and documentation? From one or two remarks in her book I suspect this is what she has sometimes wondered herself. I hope by now she has downed a couple more juleps and said "To hell with it"; that she can be found, like the government official in Daudet's story, stretched out beneath the trees, chewing violets and writing poetry; and that she has forgotten the cold fantasies

of those who put all their money on the future—which, after all, is no better than living in the past. In spite of what the cryonics enthusiasts say, "Eat, drink and be merry, for tomorrow we die" seems a better bet—and Ken Dodd has the right idea when, all wild hair and stupendous teeth, he announces to his audience with a flourish of his tickling stick that "The good old days are here now—while you're warm and walking."

*Cryonics: a Sociology of Death and Bereavement.* Arlene Sheskin. (Pp 216; £11.90.) Irvington. 1981.

## Changing role of the neurologist

*We inadvertently sent a copy of "Neurological Therapeutics" to two reviewers: deciding to capitalise on our mistake, and with the permission of the reviewers, we publish both reviews below.*

### DAVID C THRUSH

When I was a student the neurologist was regarded as a magician, a doctor who arrived from the unknown, waved his tendon hammer, pronounced the diagnosis, and was never seen again. He was a diagnostician. During the past two decades the role of the neurologist has changed because he has had the good fortune to work in an exciting and challenging specialty where there has been literally an explosion of advances. He is still a diagnostician but his art now lies in the management of the individual patient with a neurological disorder.

This book has been written to bring junior doctors, physicians, and general practitioners up to date with these changes and advances, and the authors must be congratulated on their conciseness as they manage to discuss the treatment of most neurological disorders in 250 pages. Although the emphasis is on drug treatment, the authors emphasise the important roles of the various therapists, though regrettably the social worker is hardly mentioned. Many neurological disorders are chronic and affect not only the patient but also the whole family. A good social worker will improve insight and help to prevent many of the social and psychological consequences of chronic disability.

*Neurological Therapeutics* is an ideal book for the bedside table. Each chapter is subdivided by frequent headings that make it easy to follow, though at times it is a little dry. My major criticism is that it comes across as a consensus book, a review of

treatment rather than the result of the authors' personal experience. Too many "may bes" are used and on occasions advice is vague. I would have preferred a more personal approach—for example, this is how *we* treat spasticity in a patient with multiple sclerosis; temporal lobe epilepsy in a girl of 18; septic meningitis when no organism is seen on microscopy of the cerebrospinal fluid. Rather than name every drug that could be used, say, in dementia—for example, cyclandelate, hydergine, and naftidrofuryl oxalate (are doctors still prescribing them?)—the authors' own choice would have been more helpful and perhaps a more critical approach could have been adopted. A series of short case histories, either in the text or at the end of each chapter, would help to bring the book alive, and if space is a problem I would delete the chapter on "Metabolic, toxic, and inflammatory disorders," as the management of patients with diabetes, renal and hepatic failure, and heavy metal poisoning is covered in detail in other texts.

Many journals now include up-to-date reviews on treatment. A book—even one moderately priced by today's standards at £14.95—has to offer something extra. Perhaps a second edition will provide a more personal and practical approach to the management of patients with common neurological disorders. It will be provocative, but it will also be stimulating and, I think, successful.

### WILLIAM PRYSE-PHILLIPS

Until the last two decades only slim books could have been written about treatment in neurology. Fortunately, times change, and this book is directed to a non-neurological readership, unlike the book written by Calne, now in its second edition, and the volume edited by Rosenberg on the same subject but prepared primarily for neurologists. With three books on treatment in three years, neurology may properly be regarded as having come of age as a treating specialty—a different picture from that of 20 or even 10 years ago, adding a measure of pleasure to what was until recently a somewhat joyless subject.

The three questions which I wish to have answered as I consider reading any medical book are: for whom is it intended? Is it well written? And is it accurate and current? To the first question, the answer is that it is designed for neurology residents, hospital physicians, and general practitioners. These make up a potential if seldom an actual market; neurology residents and hospital physicians tend to go at once to the

major works of reference and to current publications, while general practitioners select the relevant sections in the standard textbooks. The coverage of topics and the depth of discussion here are well suited to the intended readership. Some uncommon conditions receive brief notice, and commoner ones are given adequate space with relevant and reasonable discussions.

Style is a very personal matter, and one advantage of writing books is that one's own idiosyncrasies can be printed without much—or even any—editorial threshing. Several irritating infelicities of prose style are to be found here—the reader may grit his teeth when he reads on page two that: "The effect may be a clinical one such as, for example, the effect of a hypnotic in producing sleep or a biochemical effect, such as the effect of a chelating agent in ridding the body of a foreign substance." Some grammatical errors also appear, just often enough to obtrude, at least when coupled with the misprints—thus carbon dioxide is a potent, rather than a patent cerebral vasodilator; the trade name for amantadine is not Symmetrical